



1. Vaccine Administration Records

- Locating Vaccine Administration Records

Vaccine Administration Records

11 July 2013 Page 1 of 2

North Carolina Immunization Registry
Organization: TEST ORGANIZATION
Site: TEST ORGANIZATION
Vaccine Administration Record

Information collected on this form will be used to document authorization for receipt of vaccine(s).

CHART NUMBER					
Patient's Name (Last, First Middle) BM15, TEST		Current Age 2 years 4 months 10 days			
Date of Birth (mm/dd/yyyy) 03/01/2011	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity Unknown			
Race (Check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African-American <input type="checkbox"/> White <input type="checkbox"/> Other Race <input type="checkbox"/> Unknown		Mother's Maiden Name (Last, First) FF, RG			
Name of Parent or Guardian Responsible for Patient (Last, First) TEST, MISS		Relationship to Patient Mother			
Address 5601 Six Forks Rd		P.O. Box			
City RALEIGH	County	State NC	Zip Code 27609		
Email address (if applicable)		Work Telephone Number ()			
Eligibility Status: (Check only one) This section must be completed for all state-supplied vaccines. <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Medicaid <input type="checkbox"/> Not Insured <input type="checkbox"/> Underinsured <input type="checkbox"/> NC Health Choice <input type="checkbox"/> Insured <input type="checkbox"/> Title X Uninsured Unaccompanied Minor Date Last Verified:					
Client Comments: Immunity: Varicella Laboratory-tested or history of varicella disease (Chicken pox) 07/11/2012					
Immunization History		Tracking Schedule: ACIP			
Immunization	Date Admin	Series	Trade Name	Dose	Reaction
DTP/aP	04/23/2011	1 of 5	DTP	Full	
	09/23/2011	2 of 5	DTP	Full	
	11/23/2011	3 of 5	DTP	Full	
HepB	04/23/2011	1 of 3	Engerix-B Peds	Full	
	09/23/2011	2 of 3	Engerix-B Peds	Full	
Hib	04/23/2011	1 of 4	Hiberix	Full	
	09/23/2011	2 of 4	Hiberix	Full	
PneumoConjugate	04/23/2011	1 of 4	Prevnar 13	Full	
	09/23/2011	2 of 4	Prevnar 13	Full	
Polio	04/23/2011	1 of 4	IPOL	Full	
	09/23/2011	2 of 4	IPOL	Full	
SIGNATURE - Person to receive vaccine or person authorized to sign on the patient's behalf X	Date Signed				

11 July 2013 Page 2 of 2

North Carolina Immunization Registry
Organization: TEST ORGANIZATION
Site: TEST ORGANIZATION
Vaccine Administration Record

CHART NUMBER					
Patient's Name (Last, First Middle) BM15, TEST			Current Age 2 years 4 months 10 days		
Date of Birth (mm/dd/yyyy) 03/01/2011		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity Unknown	
Race (Check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African-American <input type="checkbox"/> White <input type="checkbox"/> Other Race <input type="checkbox"/> Unknown			Mother's Maiden Name (Last, First) FF, RG		

FOR OFFICE USE						
Vaccine	VIS Pub. Date	Date VIS Presented	Body Route	Body Site*	milliliters (mL)	
DTP/aP	05/17/2007		IM	RV LV RD LD		
	DT-OU812-state	Infanrix-test-private	Triptedia-tripediastest-state			
HepA	10/25/2011		IM	RV LV RD LD		
	Havrix-Adult-adult-private	Twivrix-Seed 3-state				
HepB	02/02/2012		IM	RV LV RD LD		
	Convax-123456-state	Engerix-B Peds-engerixpeds	Twivrix-Seed 3-state			
Hib	12/16/1998		IM	RV LV RD LD		
	Convax-123456-state	Hiberix-hibtest5678-state	Hiberix-hibtest1234-private			
Influenza	07/02/2012			RV LV RD LD		
	Fluvirin-testfluvirin-private	Fluzone High-Dose-testfluzo	FluLaval-testflualval-private			
MMR	04/20/2012		SC	RV LV RD LD		
PneumoConjuga	02/27/2013		IM	RV LV RD LD		
	Prevmar 13-testpcv13-state	Prevmar 7-1234567-state				
Polio	11/08/2011			RV LV RD LD		
	IPOL-56789-state	Pentacel-sbc123-state	Pediarix-Seed1-state			
Varicella	03/13/2008		SC	RV LV RD LD		
	Varivax-024479-state	Varivax-9955TT-state				
Other						

*RV = Right Vastus Lateralis LV = Left Vastus Lateralis RD = Right Deltoid LD = Left Deltoid Subcutaneous injections are administered in the muscle "area".

SIGNATURE AND TITLE - Person Administering Vaccine	Date Vaccine Administered
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To Locate Vaccine Administration Records

Client Information - Client ID: 12860794

Client Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Chart
TEST BM15	03/01/2011	U	FF	ACIP	
Address	5601 Six Forks Rd, RALEIGH, NC 27609 (919) 999-9999				
Comments	{1 of 1} .. 07/11/2012 ~ Immunity: Varicella Laboratory-tested or history of varicella disease (C...)				

History [New Immunization Entry](#) [Historical Immunization](#) [Edit Client](#) [Reports](#) [Print](#) [Print C](#)

Vaccine Group	Date Administered	Series	Trade Name	Dose	Swine?	Reaction
DTP/aP	04/23/2011	1 of 5	DTP ®	Full	No	
	09/23/2011	2 of 5	DTP ®	Full	No	
	11/23/2011	3 of 5	DTP ®	Full	No	

Reports Available for this Client

Additional Information	Report
None	Immunization Record - Chart Copy
- Site TEST ORGANIZATION	Immunization Record - Patient Copy
- Site TEST ORGANIZATION	Immunization Record - Chart Copy
- Site TEST ORGANIZATION	Vaccine Administration
- Language ENGLISH	

*NOTE: Fields marked with an asterisk * are required.*



2. Client Comments

- Understanding client comments

Add as many client comments as needed

Click New to add a comment (otherwise you may delete a previous comment)

Click Next to save

Client Information **Responsible Person(s)** **Client Comment(s)**

Client Comment Listing 1-1 of 1

Select	Date	Client Comment
<input checked="" type="radio"/>	07/12/2006	Parent Refusal of DTaP
<input type="radio"/>		
<input type="radio"/>		
<input type="radio"/>		
<input type="radio"/>		
<input type="radio"/>		
<input type="radio"/>		
<input type="radio"/>		

New

Enter New Client Comment ...

• Client Comment Immunity: Measles protective antibody titer serologically proven

Applies-To Date 07/12/2013

Next
Cancel

❖ **Always** include an "Applies-To Date"

Client Comment Example: Measles Immunity

If "Applies-To Date" is entered, immunity is recorded.

Client Comment Listing 1-2 of 2

Select	Date	Client Comment
<input type="radio"/>	07/12/2013	Immunity: Varicella Laboratory-tested or history of varicella disease (Chicken pox)
<input checked="" type="radio"/>	07/12/2013	Immunity: Measles protective antibody titer serologically proven

MMR is not recommended on tracking schedule.

Current Age: 19 years, 5 months, 13 days

Vaccines Recommended by Selected Tracking Schedule Add Sele

Select	Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest D
	DTP/aP	Maximum Age Exceeded			
<input checked="" type="checkbox"/>	HepA	01/29/1995	01/29/1995	01/29/1996	
<input checked="" type="checkbox"/>	HepB	04/26/2012	04/26/2012	06/01/2012	
<input type="checkbox"/>	HPV	08/09/2013	09/12/2013	01/29/2021	01/28/20
<input checked="" type="checkbox"/>	Influenza	07/29/1994	07/29/1994	01/29/1995	
<input checked="" type="checkbox"/>	Meningo	01/29/2005	01/29/2005	01/29/2007	01/28/20
	MMR	Immunity Recorded for Vaccine Group			
	neumoConjugate	Maximum Age Exceeded			
<input checked="" type="checkbox"/>	Polio	03/29/2012	03/29/2012	06/01/2012	
<input checked="" type="checkbox"/>	Td	01/29/2001	01/29/2001	02/28/2001	
<input checked="" type="checkbox"/>	Tdap/Pertussis	03/25/2012	03/25/2012	03/25/2012	

Client Comment Example: Varicella Immunity

Comments {1 of 1} .. 07/12/2013 ~ Immunity: Varicella Laboratory-tested or history of varicella disease (Chicken pox)

History New Immunization Entry Historical Immunization Edit Client Reports

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?
DTP/aP	03/01/2012				No
HepB	01/01/2012	1 of 3			No
	03/01/2012	2 of 3			No
PneumoConjugate	07/12/2011				
	05/05/2012				
Polio	03/01/2012	1 of 4			No
Varicella	07/12/2011	1 of 2			

Current Age: 10 years, 5 months, 13 days

Vaccines Recommended by Selected Tracking Schedule

Select	Vaccine Group	Earliest Date	Recommended Date	Overdue
	DTP/aP	Maximum Age Exceeded		
<input checked="" type="checkbox"/>	HepA	01/29/2004	01/29/2004	01/29/2005
<input checked="" type="checkbox"/>	HepB	04/26/2012	04/26/2012	06/01/2012
<input checked="" type="checkbox"/>	Influenza	07/29/2003	07/29/2003	01/29/2004
<input checked="" type="checkbox"/>	MMR	08/09/2011	08/09/2011	08/09/2011
	PneumoConjugate	Maximum Age Exceeded		
<input checked="" type="checkbox"/>	Polio	03/29/2012	03/29/2012	06/01/2012
<input checked="" type="checkbox"/>	Td	01/29/2010	01/29/2010	02/28/2010
	Varicella	Immunity Recorded for Vaccine Group		

“Applies-To Date” entered:
Immunity recorded and
vaccine not recommended

Comments {1 of 1} .. ~ Immunity: Varicella Laboratory-tested or history of varicella disease (Chicken pox)

History New Immunization Entry Historical Immunization Edit Client Reports Print

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Rea
DTP/aP	03/01/2012				No	
HepB	01/01/2012	1 of 3			No	
	03/01/2012	2 of 3			No	
PneumoConjugate	07/12/2011					
	05/05/2012					
Polio	03/01/2012	1 of 4			No	
Varicella	07/12/2011	1 of 2				

Current Age: 10 years, 5 months, 13 days

Vaccines Recommended by Selected Tracking Schedule

Select	Vaccine Group	Earliest Date	Recommended Date	Overdue Date
	DTP/aP	Maximum Age Exceeded		
<input checked="" type="checkbox"/>	HepA	01/29/2004	01/29/2004	01/29/2005
<input checked="" type="checkbox"/>	HepB	04/26/2012	04/26/2012	06/01/2012
<input checked="" type="checkbox"/>	Influenza	07/29/2003	07/29/2003	01/29/2004
<input checked="" type="checkbox"/>	MMR	08/09/2011	08/09/2011	08/09/2011
	PneumoConjugate	Maximum Age Exceeded		
<input checked="" type="checkbox"/>	Polio	03/29/2012	03/29/2012	06/01/2012
<input checked="" type="checkbox"/>	Td	01/29/2010	01/29/2010	02/28/2010
<input checked="" type="checkbox"/>	Varicella	10/12/2011	10/12/2011	11/12/2011

“Applies-To Date” not
entered: vaccine
recommended

3. Not Valid Doses

- Investigating not valid doses

Investigating "Not Valid" Doses

Client Information - Client ID: 12827409

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Client Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Chart #
TEST TEST TEST	12/10/2011	F		ACIP	
Address					
Comments {1 of 1} .. ~ Immunity: Varicella Laboratory-tested or history of varicella disease (Chicken pox)					

History

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?	Edit
Influenza	01/08/2012	1 of 2					Yes	
	02/02/2012	2 of 2					Yes	
Meningo	01/08/2012	1 of 5					Yes	
MMR	01/28/2013	NOT VALID					Yes	
PneumoConjugate	12/12/2012	1 of 2	Pprevnar 13 ®	Full				
Rotavirus	12/11/2011				No		Yes	
Td	01/07/2013	NOT VALID					Yes	
Tdap/Pertussis	01/07/2013	NOT VALID					Yes	
Varicella	01/10/2013	1 of 2					Yes	
	01/30/2013	NOT VALID					Yes	

Current Age: 1 year, 7 months, 2 days

Click the appropriate date under the "Date Administered" column

History New Immunization Entry Historical Immunizations			
Vaccine Group	Date Administered	Series	Tr
Influenza	01/08/2013	1 of 2	
	02/02/2013	2 of 2	
Meningo	01/08/2013	1 of 5	
MMR	01/28/2013	NOT VALID	
Rotavirus	12/11/2011		
Td	01/07/2013	NOT VALID	
Tdap/Pertussis	01/07/2013	NOT VALID	
Varicella	01/10/2013	1 of 2	
	01/30/2013	NOT VALID	
Current Age: 1 year, 7 months, 2 days			

Explanation of Status

Vaccination has a minimum interval conflict with a dose from another series.

Series: MMR {Vaccine Group: MMR}

Dose	Min Age	Min Rec Age	Min Overdue Age	Min Valid Interval	Min Interval Between
1	1 Y	1 Y	16 M		28 D
2		4 Y	6 Y		28 D

Explanation of Status

Dose was given too soon after the previous dose.

Vaccination has a minimum interval conflict with a dose from another series.

Series: Varicella Under Age 13 {Vaccine Group: Varicella}

Dose	Min Age	Min Rec Age	Min Overdue Age	Min Valid Interval	Min Interval Between
1	1 Y	1 Y	16 M		28 D
2		4 Y	6 Y	28 D	3 M

Explanation of Status

Dose was given before the earliest acceptable date.

Series: Tdap {Vaccine Group: Tdap/Pertussis}

Dose	Min Age	Min Rec Age	Min Overdue Age	Min Valid Interval	Min Interval Between
1	7 Y	11 Y	12 Y		28 D

Examples of
Not Valid Doses



4. Recommended Schedule

- Dates and Color Coding

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?	Edit
DTP/aP	09/12/2004	1 of 5	Pediarix ®	Full				
	07/12/2007		Acel-Imune ®	Full				
HepA	12/20/2012	1 of 2					Yes	
HepB	02/20/2000	1 of 3					Yes	
	09/12/2004	2 of 3	Pediarix ®	Full				
Hib	02/20/2000	1 of 4					Yes	
HPV	04/08/2012	1 of 3					Yes	
	04/12/2013	2 of 3	Gardasil ®	Full				
Influenza	02/20/2000	1 of 2					Yes	
	10/05/2000	2 of 2			No		Yes	
Meningo	07/12/2004	1 of 5					Yes	
	12/20/2007	2 of 5					Yes	
MMR	10/20/2000	1 of 2	MMR II ®				Yes	
PneumoConjugate	07/12/2004	1 of 1	Prevnar 13 ®	Full				
Polio	07/04/2004	1 of 3					Yes	
	09/12/2004	2 of 3	Pediarix ®	Full				
	07/12/2007	3 of 3					Yes	



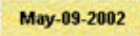

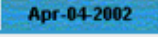



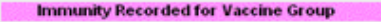


Current Age: 13 years, 11 months, 19 days

Vaccines Recommended by Selected Tracking Schedule

Add Selected

Select	Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
	DTP/aP	Maximum Age Exceeded			
<input checked="" type="checkbox"/>	HepA	06/20/2013	06/20/2013	07/20/2013	
<input checked="" type="checkbox"/>	HepB	11/07/2004	11/07/2004	12/12/2004	
	Hib	Maximum Age Exceeded			
<input type="checkbox"/>	HPV	07/05/2013	08/12/2013	07/23/2026	07/22/2026
<input checked="" type="checkbox"/>	Influenza	11/02/2000	10/05/2001	04/05/2002	
<input checked="" type="checkbox"/>	Meningo	07/23/2010	07/23/2010	07/23/2012	07/22/2021
	MMR	Immunity Recorded for Vaccine Group			
	PneumoConjugate	Complete			
	Polio	Complete			
<input checked="" type="checkbox"/>	Td	01/12/2008	01/12/2008	08/12/2008	
<input checked="" type="checkbox"/>	Tdap/Pertussis	08/09/2007	07/23/2010	07/23/2011	
<input checked="" type="checkbox"/>	Varicella	10/12/2004	10/12/2004	07/23/2005	

Immunization Color Coding

Color	Description
 07/27/2004	A red date and red border is a warning for the administration of combination vaccines. This may affect the schedule used for more than one series.
 07/16/2004	A red date and red border with a yellow background means that a client is within the Earliest Date to receive an immunization, yet warns that combination vaccines may affect the schedule used for more than one series.
 May-09-2002	Yellow will only be applied to those dates within the column Earliest Date . Dates with yellow shading mean that particular immunization has not yet been received, is equal to or past the <i>earliest</i> date, and is before the <i>recommended</i> date.
 Mar-09-2002	The color green will only be applied to those dates within the column Recommended Date . Dates with green shading mean that particular immunization has not yet been received, is equal to or past the <i>recommended</i> date, and is before the <i>overdue</i> date.
 Apr-04-2002	The color blue will only be applied to those dates within the column Overdue Date . Dates with blue shading mean that particular immunization has not yet been received and is equal to or past the <i>overdue</i> date.
 Maximum Age Exceeded	The recommendations for vaccines now reflects whether a client has exceeded the maximum age or maximum doses for a specific vaccine. For instance, if a client has already reached the age of 5 and hasn't received any PneumoConjugate 7 (Pnevnar), then the recommendation for PneumoConjugate 7 at the bottom of the immunization history will show "Maximum Age Exceeded" and the client will not show on reminder reports as needing that immunization.
 Maximum Doses Met Or Exceeded For Vaccine Group	The 'Max Doses' label indicates the maximum number of doses that can be given for the specified series.
 Contraindicated	Contraindication is a condition in a recipient that generally increases the chance of a serious adverse event following an immunization. It is a condition in the recipient of the vaccine not with the vaccine <i>per se</i> . If the vaccine were given in the presence of this condition, the resulting adverse reaction could seriously harm the recipient. In general, vaccines should not be administered when 'contraindicated' condition is present.
 Immunity Recorded for Vaccine Group	Immunity for this disease is recorded. No Vaccine is required.
 Exempt	The pink 'Exempt' bar will display if a medical exemption or clinical studies exemption comment exists for the client. Note: If there is medical exemption or clinical studies exemption and a comment for the client that would contraindicate the selected vaccine group, the message, 'contraindicated' will take precedence and display.
 Complete	The 'Complete' label specifies the patient is complete for the corresponding vaccine. This means the patient will not display on reminder reports for this specific vaccine.

- NCIR online help (Light Bulb Icon)
- User Manual 9.4 (Chapter 9 Page 4)

5. Coverage Criteria Violation

- Investigating coverage criteria violations

Coverage Criteria Violation Example:

- A 19 years old client, with eligibility listed as Medicaid, is given a public dose of HPV

Eligibility

Verification Date: 12/12/2012

Eligibility as reported by Responsible Person: Medicaid


Client Name (First - MI - Last)
TEST TEST

Address

Comments {1 of 1} .. 07/12/2013

New Immunizations (1)

Message from webpage



A State-Supplied Dose was dispensed when a Private Dose should have been given. Print this screen and give it to the Inventory Manager. Then click OK again to add the immunization(s). The following State-Supplied Trade Name-Lot(s) were identified: Cervarix\testcervarix\state

OK

OK Cancel

* Date Provided 07/12/2013

* Ordering Authority Duck, Daisy

Eligibility as reported by Responsible Person: Medicaid

Immunization	* Trade Name-Lot	Volume	* Bo	Route	* Administered By	Remove
HPV	Cervarix\testcervarix\state		left arm	intramuscular	Coyote, Wylie	<input type="checkbox"/>

VIS Publication Dates for New immunizations











(Cervarix\testcervarix\state)

Cervarix HPV, Bivalent: 05/03/2011

Warning message

Medicaid eligibility

State dose

History								
New Immunization Entry Historical Immunization Edit Client Reports Print Print Confidential								
Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?	Edit
DTP/aP	03/01/2012				No		Yes	
HepB	01/01/2012	1 of 3			No		Yes	
	03/01/2012	2 of 3			No		Yes	
HPV	07/12/2013	1 of 3	Cervarix ®	Full				
MMR	07/12/2013	1 of 2	ProQuad ®	Full				
PneumoConjugate	07/12/2011						Yes	
	05/05/2012						Yes	
Polio	03/01/2012	1 of 4			No		Yes	
Varicella	07/12/2011	1 of 2					Yes	
	07/12/2013	2 of 2	ProQuad ®	Full				



Click the appropriate icon under the "Edit" column

"Coverage Violation Indicator" will be **Yes**



Current Age: 19 years, 5 months, 13 days

Edit Immunization

Vaccine Group: HPV

Vaccine Display Name: HPV, Bivalent

Trade Name: Cervarix

Vaccine Lot Number: testcervarix / state

Dose Size: .5 mL

Dosage From Inventory: Full

Inadequate Dose: ☐

- Date Provided: 07/12/2013

- Eligibility as reported by Responsible Person: Medicaid

Date VIS Presented: 07/12/2013

- Ordering Authority: Duck, Daisy

- Administered By: Coyote, Wylie

- Body Site: left arm

Administered Route: intramuscular

Disregard Primary Series: N

VIS Publication Date for HPV, Bivalent: 05/03/2011

Entered by Site: TEST ORGANIZATION

Input Source of Record: Created through User Interface

Coverage Violation Indicator: Yes

Save

Cancel

Delete

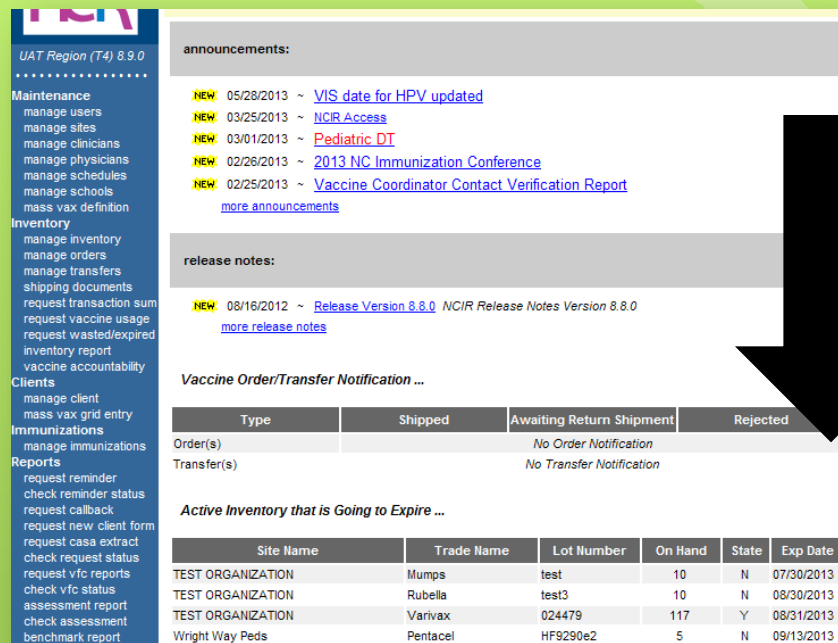
NOTE: Fields marked with an asterisk - are required.

6. Vaccine Adverse Event Reporting System (VAERS)

Locating VAERS website

To Locate VAERS:

- From the NCIR homepage, scroll down to the Vaccine Adverse Event Reporting System link
- The VAERS website opens in a new window



UAT Region (T4) 8.9.0

Maintenance
manage users
manage sites
manage clinicians
manage physicians
manage schedules
manage schools
mass vax definition

Inventory
manage inventory
manage orders
manage transfers
shipping documents
request transaction sum
request vaccine usage
request wasted/expired
inventory report
vaccine accountability

Clients
manage client
mass vax grid entry

Immunizations
manage immunizations

Reports
request reminder
check reminder status
request callback
request new client form
request casa extract
check request status
request vfc reports
check vfc status
assessment report
check assessment
benchmark report

announcements:

NEW 05/28/2013 ~ [VIS date for HPV updated](#)
NEW 03/25/2013 ~ [NCIR Access](#)
NEW 03/01/2013 ~ [Pediatric DT](#)
NEW 02/26/2013 ~ [2013 NC Immunization Conference](#)
NEW 02/25/2013 ~ [Vaccine Coordinator Contact Verification Report](#)
[more announcements](#)

release notes:

NEW 08/16/2012 ~ [Release Version 8.8.0](#) NCIR Release Notes Version 8.8.0
[more release notes](#)

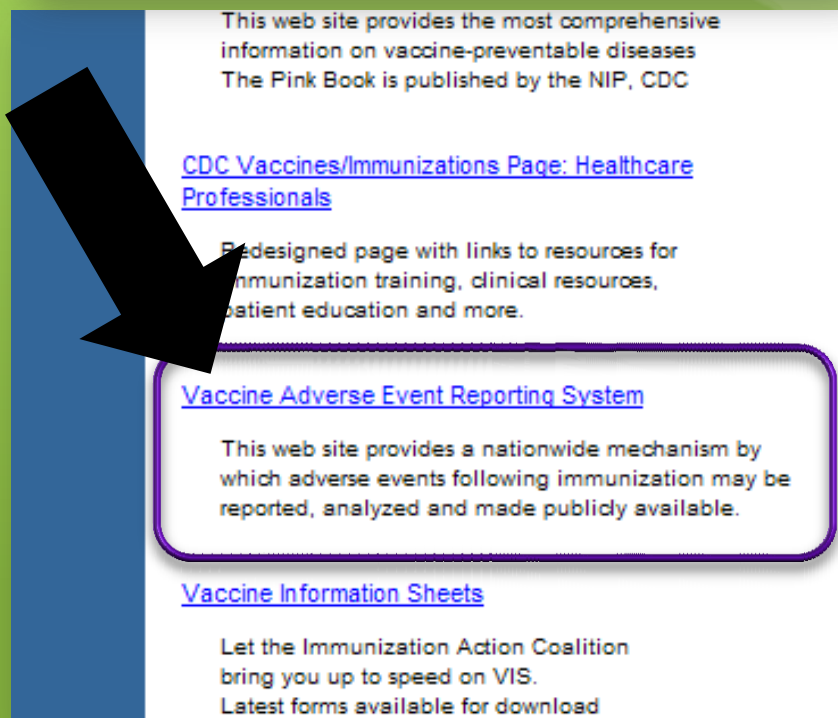
Vaccine Order/Transfer Notification ...

Type	Shipped	Awaiting Return Shipment	Rejected
Order(s)		No Order Notification	
Transfer(s)		No Transfer Notification	

Active Inventory that is Going to Expire ...

Site Name	Trade Name	Lot Number	On Hand	State	Exp Date
TEST ORGANIZATION	Mumps	test	10	N	07/30/2013
TEST ORGANIZATION	Rubella	test3	10	N	08/30/2013
TEST ORGANIZATION	Varivax	024479	117	Y	08/31/2013
Wright Way Peds	Pentacel	HF9290e2	5	N	09/13/2013

Scroll
Down



This web site provides the most comprehensive information on vaccine-preventable diseases. The Pink Book is published by the NIP, CDC.

[CDC Vaccines/Immunizations Page: Healthcare Professionals](#)

Redesigned page with links to resources for immunization training, clinical resources, patient education and more.

[Vaccine Adverse Event Reporting System](#)

This web site provides a nationwide mechanism by which adverse events following immunization may be reported, analyzed and made publicly available.

[Vaccine Information Sheets](#)

Let the Immunization Action Coalition bring you up to speed on VIS. Latest forms available for download

VAERS

Vaccine Adverse Event Reporting System

Search web site:

Search ▶

**Report an
Adverse Event**

**About
VAERS**

**VAERS
Data**

**Information for
Healthcare Professionals**

**Information for U.S.
States and Territories**

**Vaccine
Resources**

The **Vaccine Adverse Event Reporting System (VAERS)** is a national vaccine safety surveillance program co-sponsored by the Centers for Disease Control and Prevention ([CDC](#)) and the Food and Drug Administration ([FDA](#)). VAERS is a post-marketing safety surveillance program, collecting information about adverse events (possible side effects) that occur after the administration of vaccines licensed for use in the United States.

VAERS provides a nationwide mechanism by which adverse events following immunization may be reported, analyzed, and made available to the public. VAERS also provides a vehicle for disseminating [vaccine safety](#)-related information to parents and guardians, health care providers, vaccine manufacturers, state vaccine programs, and other constituencies. [more...](#)

Have you or your child had a reaction following vaccination?

1. Contact your health care provider
2. [Report the reaction ▶](#)
3. [Submit Follow-Up Information ▶](#)
4. Visit the [National Vaccine Injury Compensation](#) (if appropriate)

Important note: CDC and FDA do not provide individual medical treatment, advice, or diagnosis. If you need individual medical or health care advice, consult a qualified health care provider.

¿Ha tenido usted o su hijo una reacción adversa después de recibir una vacuna?

1. Contacte a su proveedor de salud
2. [Reporte una reacción adversa ▶](#)
3. Visite el [Programa Nacional de Compensación por Daños Derivados de Vacunas](#) (si es necesario)

[Search VAERS Data ▶](#)

VAERS Data last updated: 06/13/2013



Featured Resources

Seasonal Flu Update

- [Summary of 2012-2013 Trivalent Influenza Vaccine Data](#)

Government Agencies

- [Immunization Safety Office](#)
- [National Center for](#)